THE MINISTER OF URBAN DEVELOPMENT AND POVERTY ALLEVIATION (SHRI JAGMOHAN): (a) and *(V* Housing is a State subject. However, in order to facilitate construction of adequate housing facilities, particularly for Economically Weaker Sections (EWS) and Low Income Groups (LIG), Government of India has launched the Two Million Housing Programme under which construction of 7 lakh houses in urban areas and 13 lakh in rural areas every year will be facilitated through State Government agencies on a demand driven approach. Government of India through Housing & Urban Development Corporation Ltd. (HUDCO), a public sector undertaking for housing finance, facilitates implementation of various housing schemes in States by providing long term loans.

In Assam during the 9th plan period, HUDCO allocated Rs. 353.28 crore for various housing programmes in urban areas. Against this allocation, HUDCO has already sanctioned loans worth Rs. 203.89 crore for construction of 27855 residential units in urban areas of Assam. In addition, under the Two Million Housing Programme every year HUDCO would be providing loan assistance for construction of 20513 units in the urban areas of Assam. 95% of residential houses sanctioned under this programme are for the urban poor *viz.* EWS and LIG categories.

(c) As per the Working Group Report for the 9th Plan, the housing shortage (as on 01.03.1991) in the state of Assam was 2.43 million units. Out of this, 0.16 million units were in urban areas and 2.27 million units in rural areas.

Cancer cases in the country

*526. SHRI S. AGNIRAJ: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the total number of cancer cases reported in the country during the last three years, State-wise;

(b) the total number of deaths caused due to cancer during the said period, State-wise;

(c) the type of cancer which are frequently reported in various states;

(d) the main causes of this disease; and

(c) the steps being taken to prevent the disease and educate the people about this disease?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) The State-wise distribution of cancer cases and the number of deaths caused due to cancer is not available. The information and incidence rate of cancer is available through the network of National Cancer Registry programme of Indian Council of Medical Research. Based on application of incidence rate of cancer from the Population Based Cancer Registries under National Cancer Registry Programme of ICMR to the entire country, the projected number of new cases for the year 2000 were 7.9 lakhs. Based on the cancer mortality observed in the Mumbai Population Based Cancer Registry, the projected number of deaths caused by Cancer in the country is about 4.3 lakhs.

(c) The most common cancer among men is lung and bronchus in Mumbai, Delhi and Bhopal, stomach cancer in Bangalore and Chcnnai and hypopharyngcal cancer in Barshi. The other important cancer sites among men arc that of oral cavity, pharnyx, larnyx and rectum. Cancer of cervix followed by breast arc the commonest cancer among women in Barshi, Bangalore, Bhopal and Chcnnai. Breast cancer is the commonest cancer followed by cervix, in Delhi and Mumbai. Other common forms of cancer among women arc mouth, esophagus, ovary and stomach. Incidence of cancer of gall bladder is very high in Delhi.

(d) Cancer of different sites have different etiological or risk factors. The disease is considered to be of multi-factorial etiology. About one-third of cancers in India pertains to tobacco related sites. (Oral cavity pharnyx larnyx, lungs and oesophagus). The important risk factors in development of cancer of cervix include early age at first intercourse, promiscuity, HPV infection, sexual hygience etc. Major risk factors in the etiology of breast cancer include early menarche, late menopause, [nulliparity, high fat diet, family history of breast cancer, radiation exposure etc.

(c) Under the National Cancer Control Programme financial assistance is provided for the detection, prevention and awareness of the disease. The following schemes arc being implemented:—

(i) Upgradation of Regional Cancer Centres in various States/ UTs.

(ii) Development of Oncology Wing in Government Medical Colleges/Hospitals.

(iii) Installation of Cobalt Therapy facilities in Government/ Charitable Institutions.

(iv) District Cancer Control Programme: It has five elements (a) Health education (b) early Detection (c) training of medical and para-medical personnel (d) Palliative treatment and pain relief and (e) Coordination and Monitoring.

(v) Financial assistance to NGOs for health education and early detection activities in cancer.

Upgradation of Regional College of Medical Sciences, Imphal

*527. SHRI W. ANGOU SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the reasons for not upgrading the Regional College of Medical Sciences (RCMS), Imphal, like North-Eastern Indira Gandhi Regional Institute of Health and Medical Sciences, Shillong, as it has its own enough infrastructure to be upgraded as a Deemed University;

(b) whether it is a fact that introduction of other subjects at RCMS, Imphal, arc being delayed because of plan of NEIGRI of Health and Medical Sciences, Shillong; and

(c) if not, why it has been delayed?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (c) The Regional Institute of Medical Sciences (RIMS), Imphal, was established in 1972 which is a joint venture of Central Government and the North-Eastern States except Assam. The Institute was set up